

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041511

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10002

STATE FILE NUMBER

FILED OCT 17 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

St. Lukes Hosp

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (if outside, give location)

3223 Michigan

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

Walter

Middle

L.

Last

Guibor

4. DATE OF DEATH

Month Day Year

Oct.

5

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

## 7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/9/04

## 9. AGE (last birthday)

59

## 10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Assembler

## 10b. KIND OF BUSINESS OR INDUSTRY

Carter Carburator

## 11. BIRTHPLACE (City and state or country)

Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Charles E. Guibor

## 13b. MOTHER'S MAIDEN NAME

Mary A. De Witt

## 14. NAME OF HUSBAND OR WIFE

Lucille Juvet 3223 Michigan

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

W.W.#2

## 17. INFORMANT

Address

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac arrhythmia

## INTERVAL BETWEEN ONSET AND DEATH

minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Progressive uremia

month

DUE TO (c)

diabetes mellitus

260+

years

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

January 1963

October 5, 1963

and last saw him live on Oct 5 1963

Death occurred at

1:15 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

John Edward Mullins MD

## 22b. ADDRESS

3720 Washington, St Louis 8

## 22c. DATE SIGNED

10/8/63

## 23a. BURIAL CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

10/9/1963

## 23c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

## 23d. LOCATION (City, town, or county)

St. Louis Co.

## 23e. STATE

Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Thomas Kuntis 2906 Gravois

## 25. DATE RECD. BY LOCAL REG.

OCT 8 1963

## 26. REGISTRAR'S SIGNATURE

Moat Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Al Mullens  
3722 Washington  
St. Louis, Mo.  
Je 18990  
13074